NUH-RFQ-24-0739
REQUEST FOR QUOTATION FOR REPAIR AND REPAINTING WORK TO SPIRAL RAMP AT NATIONAL UNIVERSITY HOSPITAL MEDICAL CENTRE (NUHMC)

SECTION 3 - VENDOR'S PROPOSAL

PART B – COMPLIANCE/NON-COMPLIANCE WITH SECTION 1

Please indicate your compliance/non-compliance with each S/No. of the **Section 1** Requirements. Where you are unable to comply, please explain and suggest counter-proposal or equivalent alternative in the column labelled "Vendor's Comments" or in a separate sheet to be attached to this **Section 3**. Where you fail to indicate compliance with any clause, it shall be deemed that you comply and your Proposal shall be evaluated accordingly.

S/N	Section	Comply (Yes/No)	Vendor's Comments
1.	Commencement Date		
2.	Time for Completion		
3.	Works		
4.	Contractor's Representative		
5.	Institution's Representative		
6.	Payment Schedule		
7.	Rate of Interest		
8.	Insurance		
9.	Acknowledgement of NUHS House Rules & Conditions of Work		
10.	Infection Control Requirements		

Name/ Signature: Date:

Designation of Office held:

Vendor: